

**DENTAL HYGIENE
INSTRUCTIONS FOR FILING APPLICATION FOR LICENSURE
BY REGIONAL EXAMINATION**

1. You must have graduated from an accredited dental hygiene program.
2. You must have obtained a passing grade on the SRTA examination or other **REGIONAL** examination and National Board. SRTA scores will automatically be sent directly to the Board office. If you took another regional exam, you must call them and have them send the results directly to the Kentucky Board office or you may request they be sent to you. **If sent directly to you, it must be sent to the Board office in the original sealed envelope.** Examination scores are valid for five (5) years.
3. You must pass a Kentucky jurisprudence examination. **Send \$6.00 to the Board office** for a law booklet. This is an open book test. Call the Board office for available dates and times to take this test. You are responsible for knowing all dental related laws.
4. Applications are kept for 6 months from the date received in the board office. If you have not been licensed by this time, you will be required to start the application process over. Your fee would be transferred to the new application with the exception of the \$25.00 application review fee.
5. We do not make calls to applicants on the status of their application. It is the applicant's responsibility to call the Board office to check on the status of their application.

WHAT TO SUBMIT WITH YOUR APPLICATION

- _____ 1. Application with photo and affidavit. Use the name under which you wish to be licensed .
WRITE WHICH REGIONAL TEST YOU TOOK, THE DATE AND LOCATION ON THE FRONT OF THE APPLICATION.
- _____ 2. Application fee - \$105.00. (a \$25.00 non-refundable application review fee is included in this amount)
- _____ 3. Your National Board Score card (if it has not previously been sent to the Dental Board office. Call ADA at (800) 621-8099. **Have it sent directly to the Board office.**
- _____ 4. Official copy of your dental hygiene school final transcript with your degree posted. **This must be sent directly to the Board office.**
- _____ 5. **Continuing Education: 2004 Graduates do not need to send in proof of CE**

If you graduated in 2003, you will need to show proof of taking 15 hours of CE. Of the 15 hours, 10 hours must be scientific presentation format, 5 hours can be business, homestudy, Internet, video, magazine or journal articles.

Completion certificates showing proof of required continuing education hours, taken within 24 months from the date of receipt of application in the Board office, must be submitted with the application.

Applicants graduating before to 2003 will need to show proof of taking 30 hours of CE. Of the 30 hours, 20 hours must be scientific presentation format, 10 hours can be business, home study, internet, video, magazine or journal articles.
- _____ 6. You must have graduated within the last two (2) years from a school which includes a Cabinet of Health Services approved AIDS course. A list of approved HIV/AIDS college curriculums is on the back of this sheet. For approval on HIV/AIDS courses or for a list of approved courses call (502) 564-6539 or visit their website at: <http://publichealth.ky.gov>. **These hours do not count towards the CE requirements.**
- _____ 7. You must be current in Basic Life Support (BLS) or CPR. Send a **copy** of the front and back of the card. **These hours do not count towards the CE requirements.**

IF YOU HAVE BEEN LICENSED AND WORKED IN ANOTHER STATE SINCE GRADUATION YOU MUST ALSO PROVIDE THE FOLLOWING:

- _____ 1. Current letter (within 3 months) verifying licensure in each state you hold or have previously held a license (copy of license not accepted.) Call or write each state Board. This must be sent directly to the Board office from the verifying agency.
- _____ 2. National Practitioners Data Bank Report and AADE Clearinghouse Report. This can be obtained by an electronic query done by the Board office. Fill out the enclosed National Practitioners Data Bank Report and AADE Clearinghouse Report application and send with your Dental Licensure Application. ***Enclose the proper fee listed at the top of the Application.***

IT IS NOT NECESSARY TO MAKE SEPARATE CHECKS FOR PAYMENT OF FEES.

Make checks payable to: KENTUCKY BOARD OF DENTISTRY
Mail application to 10101 LINN STATION ROAD, SUITE 540
LOUISVILLE KY 40223
PHONE: 502/423-0573

Approved Dental and Dental Hygiene HIV/AIDS College Curriculums

University of Florida- Gainesville
University of Kentucky
University of Louisville
University of Tennessee – Memphis
William Rainey Harper College, Palantine
Elizabethtown Community College
Lexington Community College
Mayesville Community College
Prestonsburg Community College
Western KY University
Shawnee State University
University of Cincinnati
University of Mississippi
Medical College of Georgia
Virginia Commonwealth
University of New Mexico, Albuquerque
University of Missouri – Kansas City
University of Michigan – Ann Arbor
Santa Fe Community College
Lewis & Clark Community College
Wytheville Community College